ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3029 PERMIT # AI

SEPTIC: IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4724 -- 45 -- 66 96

APPLICANT/OWNER: Ilie Ov APPLICANT ADDRESS: 709 Westminister Dr Statesville NC 28677

SITE ADDRESS: 709 Westminister Dr Statesville NC 28677 PHONE: 704-622-8516 ALT. PHONE —

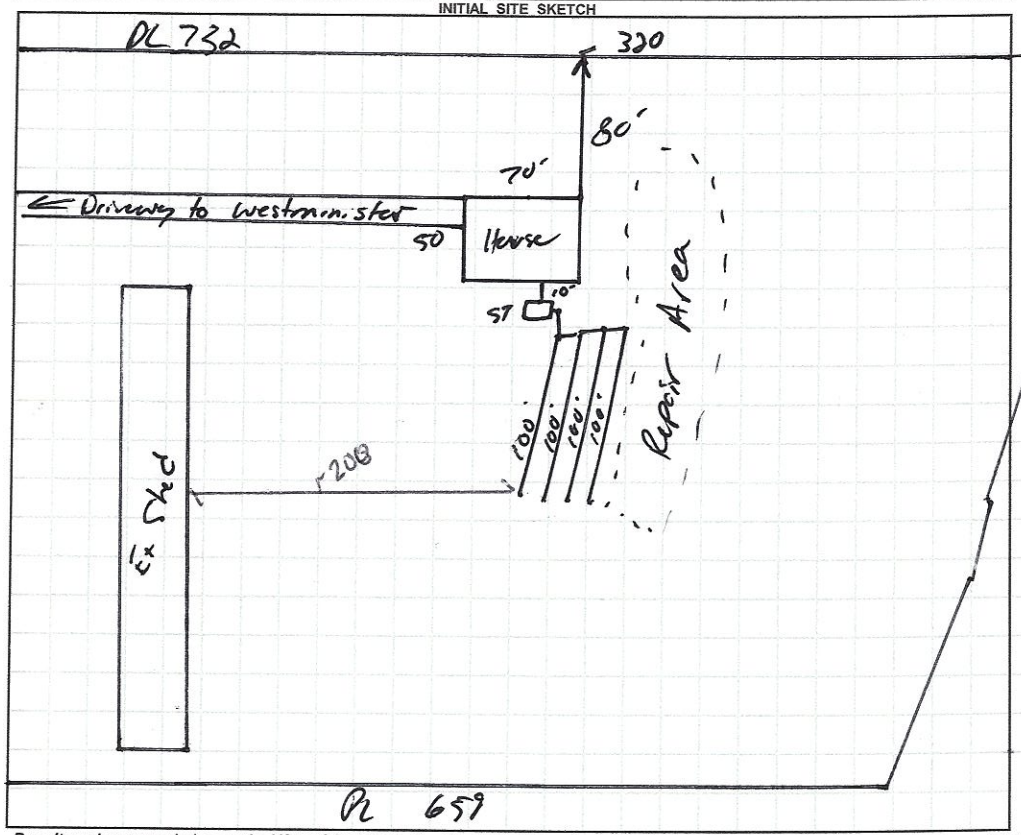
SITE DIRECTIONS: Hwy 70 W R on Westminister R on property SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 7.5 Acre DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank 1000 (gal)	STB 100	Date 6-24-22	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank (gal)	PT —	Date	System Description: 25% Reduction		☐ Business	No. Persons 8	☐ Private
Pump Make	Model	Serial #	Repair System Description: 25% Reduction		☐ Other	No. Employees	☒ Public
# Nitrification Fields 1	# Lines 4	Linear Ft 400	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width 36"	Trench Bottom Depth(~~Low side~~) Mar 36	Gravel Depth —	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install Drainlines on Center of land use
Serial distribution

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

1" = 120'
7.5 Acre

Installed as Drawn

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Ilie Ov Date: 4-20-21 Installed by: Marion Grading

IMPROVEMENT PERMIT by: Date: 3-31-2021 OPERATION PERMIT by: Matt Wilke Date: 6/28/22

AUTHORIZATION TO CONSTRUCT by: Date: 3-31-2021 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 472445669
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Ike Ov
ADDRESS: 709 Westminister
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480gpd
LOCATION OF SITE: 709 Westminister
APPLICATION DATE: 1-26-2021
DATE EVALUATED:
PROPERTY SIZE: 7.5 Acres
PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	6-7%	0-6	SBK scl	Fr SS SP Smy	N/A	50"	N/A	Fam Rock Inc	PS .3
		6-30	SBK C						
		30-48	SBK CL						
2	7-8%	0-6	SBK scl		N/A	50"	N/A	N/A	PS .3
		6-29	SBK C						
		29-48	SBK CL						
3	7-8%	0-6	SBK scl		N/A	50"	N/A	N/A	PS .3
		6-36	SBK C						
		36-48	SBK CL						
4	7-8%	0-6	SBK scl		N/A	60"	N/A	Rock Inc @ 30"	PS .3
		6-26	SBK C						
		26-48	SBK CL						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400'	400'
System Type(s)	2S2	2S2
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bass
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

DSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
ainage Way)						CR (Crumb)
Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
lood Plain)		L (Loam)				SBK (Subangular Blocky)
oot Slope)						ABK (Angular Blocky)
ead Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
near Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
ose Slope)		CL (Clay Loam)				
idge)		SCL (Sandy Clay Loam)				
houlder Slope)		SiL (Silt Loam)			MOIST	WET
errace)	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable)	NS (Non-sticky)
		SiC (Silty Clay)			FR (Friable)	SS (Slightly Sticky)
		C (Clay)	None	None	FI (Firm)	S (Sticky)
		O (Organic)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
					EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

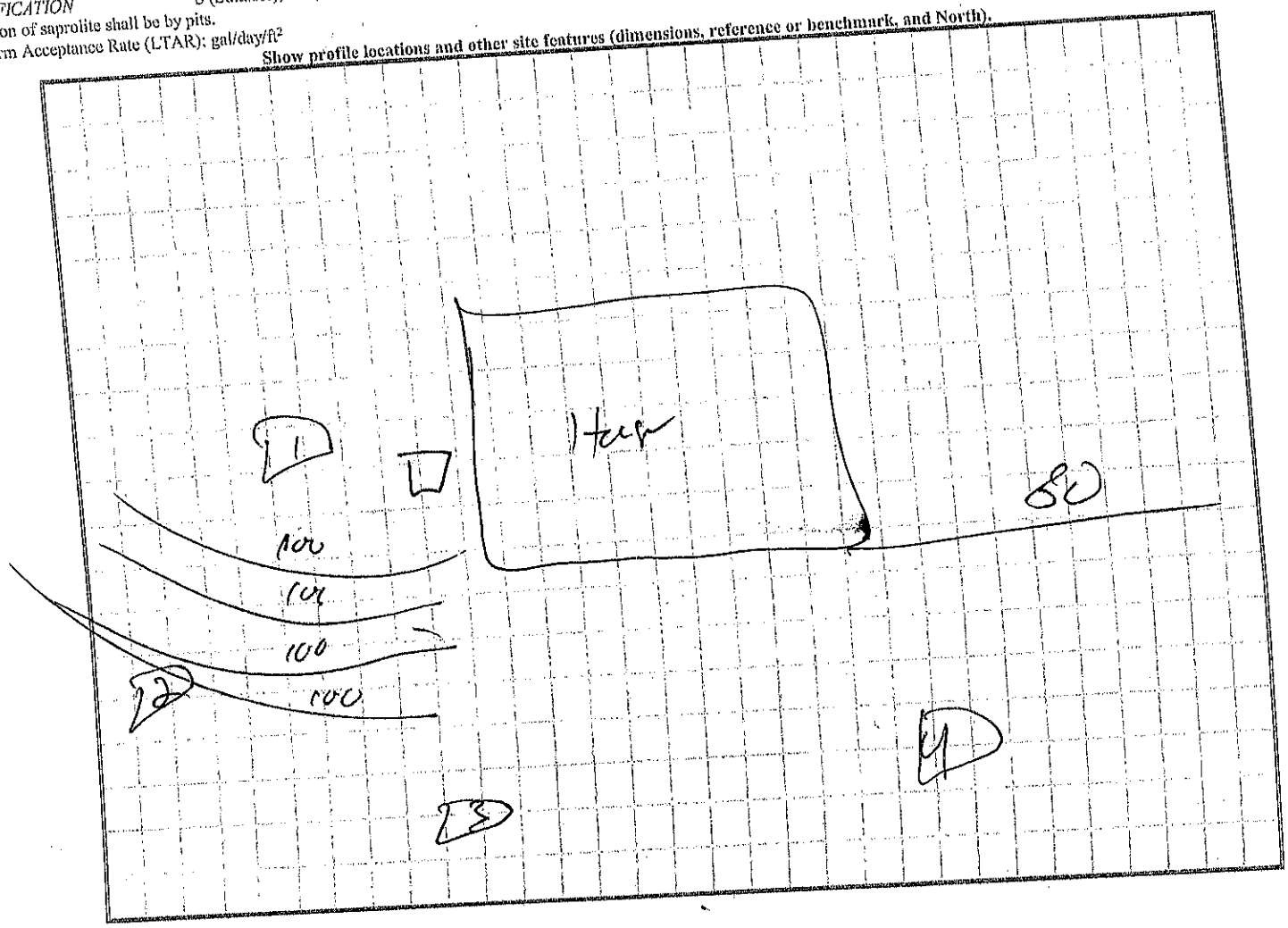
TES

RIZON DEPTH	In inches below natural soil surface
PTH OF FILL	In inches from land surface
STRICTIVE HORIZON	Thickness and depth from land surface
PROLITE	S(suitable) or U(unsuitable)
IL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

aluation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



30

RECEIVED JAN 2 7 2020

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP- 314386 $500.00

Application For:
(X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Ilie Ou **Address:** 709 Westminster Dr Statesville **Zip:** 28677

Applicant Email: Dinus Floors @yahoo.com **Phone:** 704-622-8576 **Alt. Phone:**

Owner Name: Ilie Ou **Address:** **Zip:**

Owner Email: **Phone:** **Alt. Phone:**

Property Information: Westminster

Street Address: 709 Westminster Dr Statesville NC 28677

Subdivision Name: **Section/Phase:** **Lot Number:**

Driving Directions: Hwy 70 R- Westminster Dr R-side 1 mile

Site Development Information: *(check or complete ALL that apply*

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business:
Square Footage of Building: 2350 Max. Number of Employees: Max. Number of Seats/Beds/Other:

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:
( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: I. Ou 1-26-2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☑ **1. * APPLICANT AND OWNER ARE THE SAME. * (*Sign here*)** _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

☐ **2.** I, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ 1-26-24
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

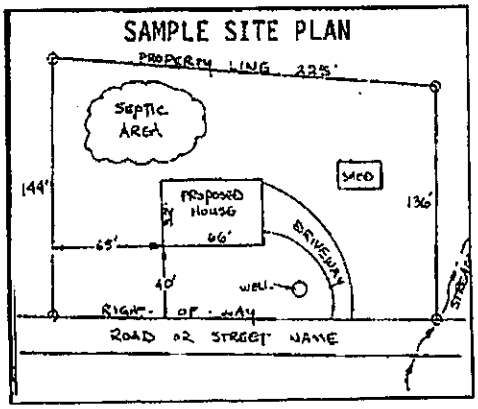
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: ***SITE PLAN WORKSHEET***

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!***



Place an (X) beside each item as you complete the site plan:

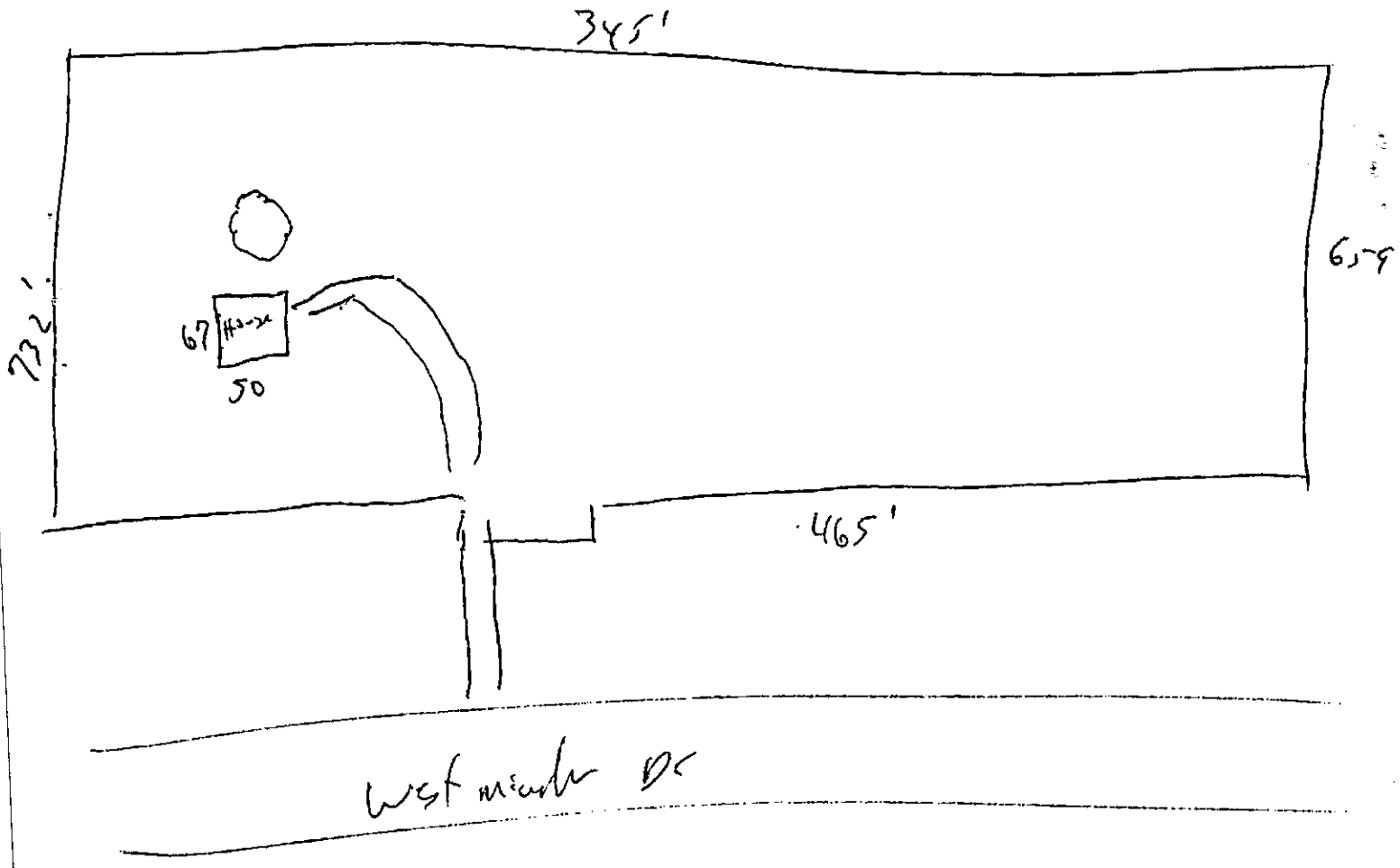
- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: _____

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1-21-2021

DATE

CITY of Statesville NORTH CAROLINA

City of Statesville Jurisdiction
ZONING APPROVAL

For building permit application 704-878-3575

General Information

Job Address	709 WESTMINSTER DR	Permit Number	314386
Owner	OU ILIE+SIMONA	Tax Map	4724456696.000
Owner Address	709 WESTMINSTER DR	Zoning	R-20
	STATESVILLE, NC 28677	Flood Hazard Area	
Phone No.	(704)622-8516	Historic District	
Contractor	OU ILIE+SIMONA	Architect	
Address	709 WESTMINSTER DR	Address	
	STATESVILLE,NC 28677		
Phone No.	(704)622-8516	Phone No.	

Type of Application NEW SINGLE FAMILY

Utility Source

Electric

Water

Sewer

Required Information

0	Lot Dimensions		Required Parking	Setbacks	
	Structure Size &		Landscaping	35	Front Yard
	Location		Utility Clearance	35	Rear Yard
	Easements		TRC Review	12	Right Yard
	Flood Certification		Other	12	Left Yard
	Driveway Cuts				

Department Approval

Planning Department EH 1/26/21 Public Works

Comments HOME NOT IN FLOOD PLAIN

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant Signature

1-26-2021

Date

Acknowledgement Of
Plans Submittal ONLY!

Date 3.31.2021

Date

ARCHIVAL DESIGNS, INC. IS NOT AN ENGINEERING FIRM AND ASSUMES NO RESPONSIBILITY FOR THE CALCULATIONS CONTAINED IN THESE ARCHITECTURAL PLANS. THIS REFERS TO STRUCTURAL ADVISORIES THAT MAY OR MAY NOT BE INCLUDED, SUCH AS LOAD BEARING BEAMS, FLOOR SYSTEMS, HEADERS, LEDGERS, ROOF ASSEMBLY, AND LOAD BEARING FRAMING. THESE PLANS ARE PROVIDED AS A COURTESY ONLY. PRIOR TO CONSTRUCTION, A LOCAL ENGINEER SHOULD ALWAYS BE CONSULTED. BOTH ENGINEER AND BUILDER ASSUME FULL RESPONSIBILITY TO VERIFY THE CONDITIONS OF THESE ARCHITECTURAL PLANS.

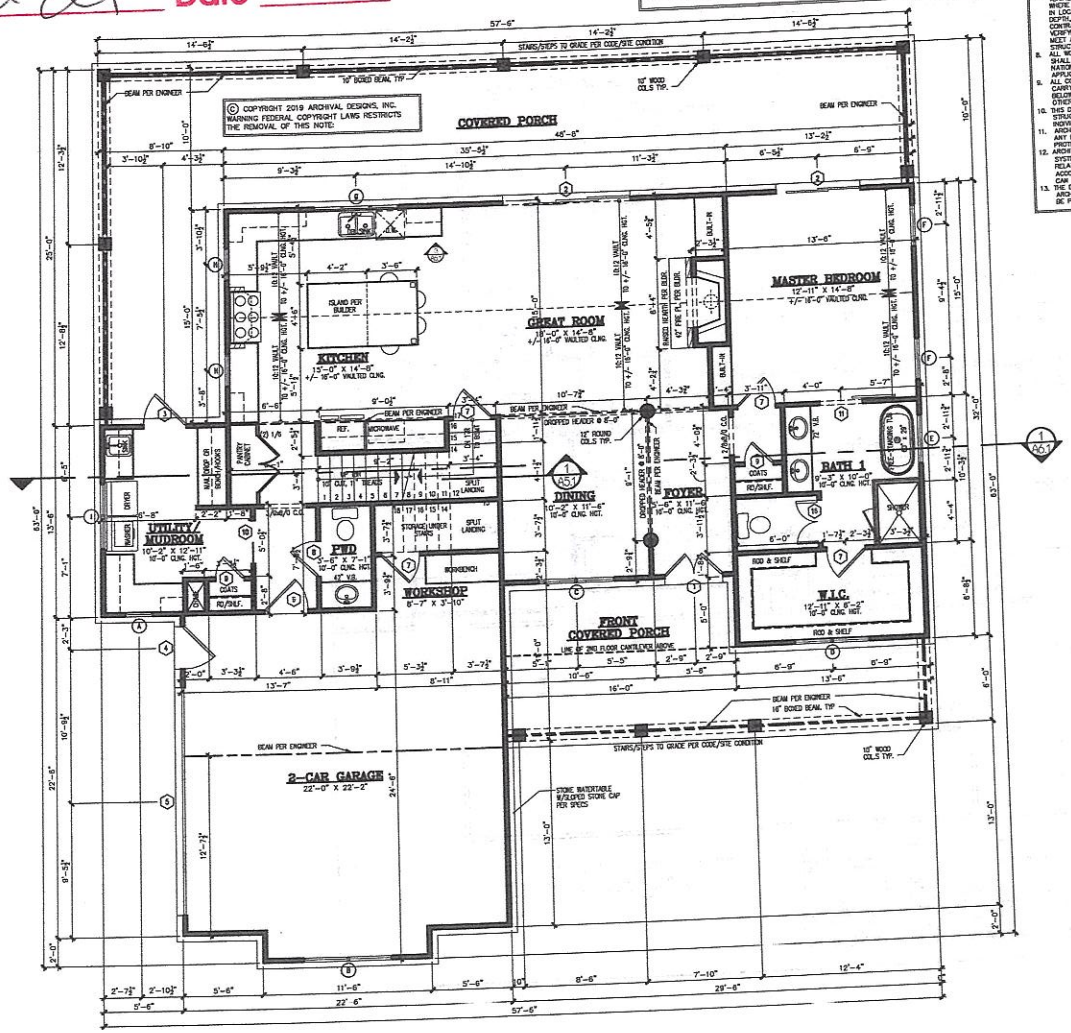
NOTE: ANY MODIFICATIONS MADE TO THIS PLAN MAY RESULT IN SIGNIFICANT STRUCTURAL CHANGES.

1. ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE NATIONAL, STATE, AND LOCAL CODES, REGULATIONS, AND FHA/VA MPS.
2. CONTRACTORS SHALL VERIFY ALL CONDITIONS AND DIMENSIONS AT SITE, BEFORE BEGINNING CONSTRUCTION. ANY DISCREPANCIES SHALL BE REPORTED TO ARCHIVAL DESIGNS, INC. FOR JUSTIFICATION AND/OR CORRECTION BEFORE PROCEEDING WITH WORK. CONTRACTORS SHALL ASSUME RESPONSIBILITY FOR ERRORS THAT ARE NOT REPORTED.
3. ALL DIMENSIONS SHALL BE READ OR CALCULATED AND NEVER SCALED.
4. ALL FOOTINGS TO BE BELOW FROST LINE (SEE LOCAL CODE) AND MUST REST ON UNDISTURBED SOIL, CAPABLE OF HANDLING THE BUILDING. CONSULT LOCAL ENGINEER FOR PROPER FOOTING AND REINFORCING SIZES.
5. CONTRACTOR SHALL INSURE COMPATABILITY OF THE ENGINEER AND BUILDER ASSUME FULL RESPONSIBILITY TO VERIFY THE CONDITIONS OF ALL SITE REQUIREMENTS.
6. IF BACKFILL EXCEEDS 4' AGAINST ANY FOUNDATION WALL, REINFORCE AS PER CODE.
7. ALL FOUNDATION AND STRUCTURAL MEMBERS SHOULD BE VERIFIED AND STAMPED BY AN ENGINEER IN THE STATE WHERE CONSTRUCTION IS OCCURRING DUE TO WIDE VARIANCE IN LOCAL CODES, SOIL BEARING CONDITIONS, FOREST LINE DEPTH, GEOLOGICAL AND WEATHER CONDITIONS, ETC. THE CONTRACTOR IS RESPONSIBLE FOR ADJUSTING AND COORDINATING ANY CHANGES IN PLANS AND CONDITIONS TO MEET ALL LOCAL CODES AND TO INSURE A QUALITY & SAFE STRUCTURE.
8. ALL WOOD, CONCRETE, AND STEEL STRUCTURAL MEMBERS SHALL BE OF A GOOD GRADE AND QUALITY AND MEET ALL NATIONAL, STATE AND LOCAL BUILDING CODES WHERE APPLICABLE.
9. ALL COLUMNS OR SOLID FRAMING SHOULD BE DESIGNED TO CARRY LOADS AND SHOULD EXTEND DOWN THRU THE LEVELS BELOW AND TERMINATE AT THE BASEMENT FLOOR OR AT OTHER BEARING POINTS DESIGNED TO CARRY THE LOAD.
10. THIS DESIGN LICENSE IS RELEASED FOR ONE (1) BUILT STRUCTURE ONLY AND IS NOT TRANSFERABLE TO ANOTHER INDIVIDUAL OR COMPANY.
11. ARCHIVAL DESIGNS, INC. IS THE SOLE OWNER OF THIS AND ANY DERIVATIVE COPYCATION OF THIS COPYRIGHT PROTECTED PLAN.
12. ARCHITECTURAL DESIGN ASSUMES ENGINEERED FLOOR SYSTEM IS NOT TO EXCEED 14" IN DEPTH. ENGINEER SHALL RELATE FLOOR DEPTH TO STAIR DESIGN AND MODIFY ACCORDINGLY. NOTE: FLOOR SYSTEMS DEEPER THAN 14" CAN ADVERSELY IMPACT FLOOR PLAN DESIGN.
13. THE DRAWINGS PREPARED BY ARCHIVAL DESIGNS, INC ARE ARCHITECTURAL IN NATURE. STRUCTURAL DRAWINGS SHALL BE PREPARED BY A LOCAL ENGINEER PER LOCAL CODES.

GENERAL FRAMING NOTES

THE FOLLOWING NOTES ARE SUGGESTED MINIMUM REQUIREMENTS ONLY. DUE TO A VARIANCE OF CODES PER REGION, PLEASE REFER AND COMPLY WITH ALL YOUR LOCAL CODES. CONSULT WITH LOCAL ENGINEERS FOR ALL STRUCTURAL REQUIREMENTS.

1. PROVIDE PURLINS AT MID HEIGHT OF ALL WALLS.
2. ALL JOISTS AND RAFTERS SHALL BE ALIGNED OVER STUDS BELOW.
3. ALL HEADERS SHALL BE 2-2x10's WITH ½" PLYWOOD FLITCH PLATE UNLESS OTHERWISE NOTED.
4. FRAMOR TO INSTALL DOUBLE FLOOR JOIST UNDER PARTITION WALL PARALLEL TO JOIST DIRECTION.
5. PROVIDE 1x4 CROSS BRIDGING AT MID POINT OF SPANOR 8'-0" O.C. MAXIMUM IN ALL FLOORS.
6. ALL EXTERIOR CORNERS (INSIDE AND OUTSIDE CORNERS) SHALL BE BRACED WITH ½" CDX PLYWOOD, NAILING SCHEDULE SHALL BE 8d COMMONS AT 6" O.C. AT ALL EDGES AND 8d COMMONS AT 12" O.C. AT ALL INTERMEDIATE STUDS. (OPTION – APPROVED BUILDING WITH ALL SITE REQUIREMENTS. FOUNDATION WALL. DIAGONAL CORNER BRACES BOTH DIRECTIONS AT ALL CORNERS).
7. ALL COLUMNS OR SOLID FRAMING SHALL EXTEND DOWN THRU ALL LEVELS AND TERMINATE AT THE BASEMENT FLOOR AND BE SUPPORTED BY A THICKENED SLAB, GRADE BEAM, OR FOOTING DESIGNED TO CARRY LOAD.
8. PROVIDE DOUBLE 2x8 STRONGBACK AT MID SPAN FOR CEILING JOISTS WITH SPAN GREATER THAN 10'-0".
9. PROVIDE COLLOAR TIES AT UPPER 1/3 OF VERTICAL DISTANCE BETWEEN RIDGE BOARD AND CEILING JOISTS AT 4'-0" O.C. MAXIMUM.
10. 1ØP, VALLEY RAFTERS, AND RIDGE BOARDS SHALL BE ONE "2x" SIZE LARGER THAN RAFTERS.
11. ROOF DECKING SHALL BE ½" CDX PLYWOOD MINIMUM. WHERE PRE ENGINEERED FLOOR & ROOF TRUSSES ARE USED, TRUSS MANUFACTURER MUST PROVIDE SHOP DRAWINGS WHICH BEAR SEAL OF REGISTERED ENGINEER IN STATE IN WHICH WORK IS TO BE PERFORMED.
12. ALL CEILING JOISTS AND RAFTER BRACING TO BEAR ON LOAD BEARING WALLS DESIGNED TO CARRY LOAD THRU ALL LEVELS AND TERMINATE AT BASEMENT FLOOR AND BE SUPPORTED BY THICKENED SLAB GRADE BEAM OR FOOTING DESIGNED TO CARRY LOAD.
13. ALL BASEMENT WALLS, BEAMS, AND COLUMNS TO BE DESIGNED BY LOCAL STRUCTURAL ENGINEER AND MEET ALL LOCAL CODES.
14. ALL SOLID FRAMING, COLUMNS, , BEAMS, ETC., TO BE DESIGNED BY LOCAL STRUCTURAL ENGINEER AND MEET ALL LOCAL CODES.
15. ALL FRAMED WALL DIMENSIONS ARE BASED ON 2 x 4 STUDS UNLESS OTHERWISE NOTED.
16.



1ST FLOOR PLAN

SCALE: 1/4" = 1'-0"

DOOR SCHEDULE

MARK	SIZE	TYPE	DESCRIPTION	QTY
1	(2) 2'-0" X 6'-8"	EXT	3/4 LITE ENTRY DOOR w/1/4" TRANSOM	1
2	9'-0" X 8'-0"	EXT	TRIPLE SLIDER w/ 1/4" TRANSOM	2
3	2'-6" X 6'-0"	EXT	HALF LITE	1
4	2'-6" X 6'-0"	EXT	HALF LITE GARAGE SERVICE DOOR	1
5	16'-0" X 8'-0"	EXT	OVERHEAD GARAGE DOOR	1
6	3'-0" X 8'-0"	EXT	SOLID CORE STEEL ENTRY DOOR	1
7	2'-6" X 8'-0"	INT	INT. HOLLOW CORE DOOR	4
8	2'-6" X 8'-0"	INT	INT. HOLLOW CORE DOOR	1
9	2'-6" X 6'-8"	INT	INT. HOLLOW CORE DOOR	2
10	3'-0" X 6'-8"	INT	INT. HOLLOW CORE DOOR	1
11	3'-0" X 8'-0"	INT	INT. HOLLOW CORE POCKET DOOR	1
12	2'-6" X 6'-8"	INT	INT. BARN DOOR	4
13	2'-4" X 6'-8"	INT	INT. HOLLOW CORE DOOR	5
14	2'-6" X 6'-8"	INT	INT. HOLLOW CORE DOOR	1
15	(2) 3'-0" X 6'-8"	EXT	OPTIONAL INT. HOLLOW CORE ATTIC DOOR	1
16	(2) 1'-6" X 6'-0"	INT	FULL LITE ENTRY DOOR	1
17			INT. HOLLOW CORE DOOR	1
18				

* FINAL ENTRY DOOR DESIGN BY OWNER.

WINDOW SCHEDULE

MARK	SIZE	TYPE	DESCRIPTION	QTY
A	2'-0" X 3'-10"	DH		1
B	(2) 3'-0" X 6'-2"	DH	w/ 1/4" TRANSOM	1
C	(2) 2'-6" X 6'-2"	DH	w/ 1/4" TRANSOM	1
D	(2) 2'-8" X 1'-2"	FXD	FIXED TRANSOM w/CLOSED SHUTTER DETAIL	1
E	4'-0" X 4'-0"	FXD	FIXED/CLERESTORY	1
F	3'-0" X 6'-2"	DH		2
G	(3) 2'-0" X 3'-10"	DH	w/ 1/4" TRANSOM	1
H	7'-4" X 3'-10"	FXD	w/ 1/4" TRANSOM	2
I	(2) 2'-4" X 3'-2"	DH		1
J	3'-0" X 5'-2"	DH		4
K	(2) 2'-6" X 5'-2"	DH	w/ 1/4" TRANSOM	1
L	3'-0" X 5'-6"	FXD	FIXED TRANSOM	1
O	7'-4" X 1'-6"	FXD	FIXED TRANSOM	1
P	(2) 2'-6" X 5'-2"	DH		3
Q				
R				

THE REVERSED DESIGN FOR
CRANBERRY GARDENS
BY ARCHIVAL DESIGNS, INC.

REVISIONS

REV. NO.	REV. DATE/INITIALS
1	
2	
3	
4	
5	
6	

ARCHIVAL DESIGNS
FOUNDER DAVID MARC LOFTUS
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PLANS INDICATE LOCATION ONLY. ENGINEERING ASPECTS, SUCH AS APPROPRIATE ACTUAL SOILS CONDITIONS, CAUTION MUST BE EXERCISED IN BASING ANY GRADING TO THIS PLAN.

ALL STRUCTURAL BEAM AND HEADER SIZES, BEARING CONDITIONS AND ANCHORING REQUIREMENTS MUST BE REVIEWED BY A LICENSED ENGINEER BASED ON EXISTING SITE CONDITIONS. BUILDER/OWNER TO ASSUME ALL RESPONSIBILITY FOR ENGINEERING.

SQUARE FOOTAGE

1st FL.	1,465 SQ FT
2nd FL.	534 SQ FT
TOTAL HEATED	1,999 SQ FT
OPT. BONUS ROOM	273 SQ FT
GARAGE	502 SQ FT
FR. COV. PORCH	257 SQ FT
REAR COV. PORCH	708 SQ FT
OPT. UNFIN. BMNT	1,202 SQ FT

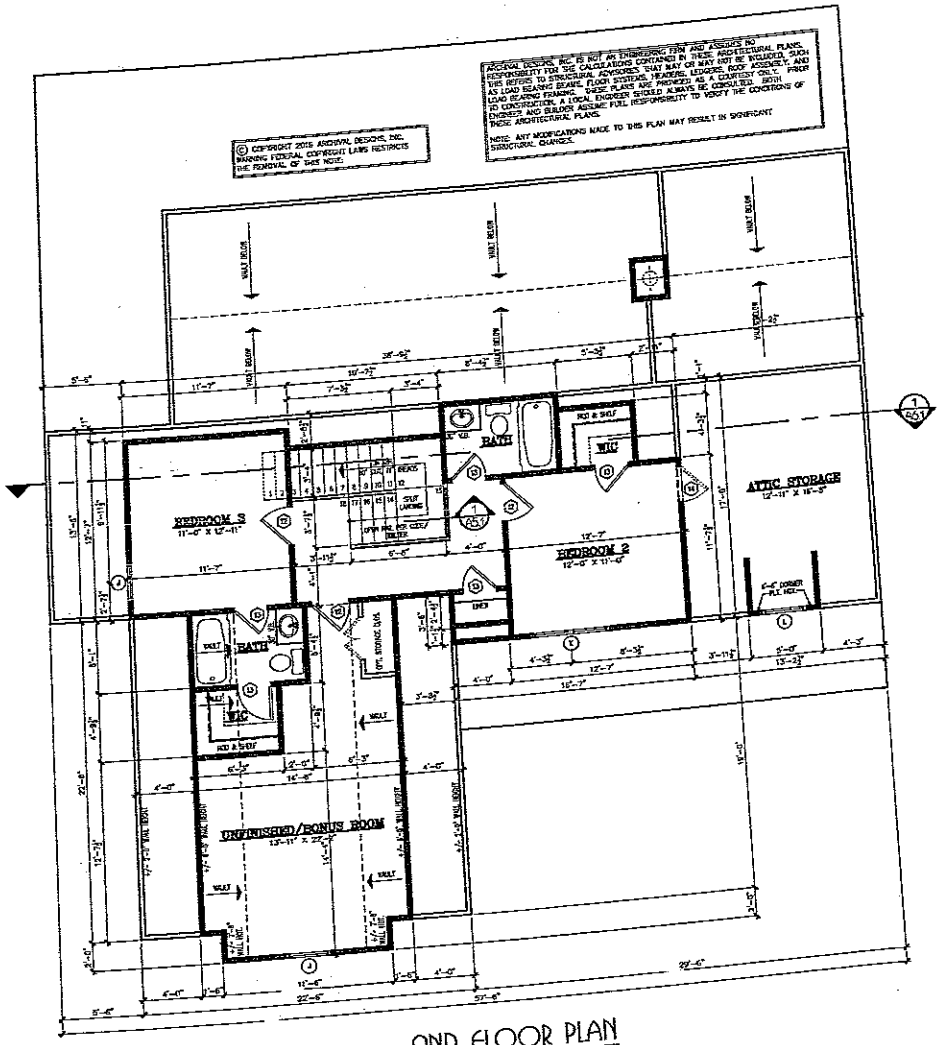
JOB NO. —

DATE 02/22/2021

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SHEET NO. A2.2

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2ND FLOOR PLAN

SCALE: 1/4" = 1'-0"

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WARNING FEDERAL COPYRIGHT LAWS RESTRICTS THE REMOVAL OF THIS NOTE.

ARCHIVAL DESIGNS, INC. IS NOT AN ENGINEERING FIRM AND ASSUMES NO RESPONSIBILITY FOR SITE CALCULATIONS CONTAINED IN THESE ARCHITECTURAL PLANS. ANY REFERS TO STRUCTURAL ADVISORIES, THAT MAY OR MAY NOT BE ASSEMBLY, AND THIS REFERS TO STRUCTURAL SYSTEMS, HEADERS, LEDGERS, ROOF TRUSSES ONLY. PRIOR AS LOAD BEARING FRAMING. THESE PLANS ARE PROVIDED AS A COURTESY ONLY. BOTH TO CONSTRUCTION, A LOCAL ENGINEER SHOULD ALWAYS BE CONSULTED. BOTH OWNERS AND BUILDER ASSUME FULL RESPONSIBILITY TO VERIFY THE CONDITIONS OF THESE ARCHITECTURAL PLANS.

NOTE: ANY MODIFICATIONS MADE TO THIS PLAN MAY RESULT IN SIGNIFICANT STRUCTURAL CHANGES.

GENERAL FRAMING NOTES

THE FOLLOWING NOTES ARE SUGGESTED MINIMUM REQUIREMENTS ONLY. DUE TO A VARIATION OF CODES FROM REGION, PLEASE REFER TO AND COMPLY WITH ALL YOUR LOCAL CODES. CONSULT WITH LOCAL ENGINEERS FOR ALL STRUCTURAL REQUIREMENTS.

1. PROVIDE FRAMING AT AND HEIGHT OF ALL WALLS.
2. ALL JOISTS AND RAFTERS SHALL BE ALIGNED OVER STUDS BELOW.
3. ALL HEADERS SHALL BE 2-2x10's WITH ½" PLYWOOD BETWEEN UNLESS OTHERWISE NOTED.
4. BUTT PLATE SHALL BE CUT TO ALLOW FULL BEARING OF JOISTS.
5. FRAMERS TO INSTALL DOUBLE FLOOR JOIST UNDER PARTITION WALL PARALLEL TO JOIST DIRECTION.
6. PARTITION WALL FRAMING AT END POINT OF SPANS PROVIDE 1½" CROSS BRIDGING AT MID POINT OF SPANS @ 6'-0" O.C. MAXIMUM IN ALL FLOORS.
7. ALL EXTERIOR CORNERS (INSIDE AND OUTSIDE CORNERS) SHALL BE SHEATED WITH ½" CDX PLYWOOD, NAILING SCHEDULE SHALL BE AT CORNERS AT 6" O.C. AT ALL EDGES AND IN FIELDS AT 12" O.C. AT ALL STUDS AND IN FIELDS AT 12" O.C. AT ALL INTERMEDIATE STUDS. (OPTION = APPROVED DIAGONAL CORNER BRACES BOTH DIRECTIONS AT ALL CORNERS).
8. ALL COLUMNS BE SOLID FRAMING SHALL EXTEND WORK THRU ALL LEVELS AND TERMINATE AT THE BASEMENT SLAB. FLOOR AND BE SUPPORTED BY A SPECIFIED SLAB, FOOTING OR GIRDER DESIGNED TO CARRY LOAD. PROVIDE SEAL OF FIRE STOP/BLOCK AND SPAN. FIRE PROVIDE DOUBLE SUB STUD/BLOCK AND SPAN. FIRE CEILING JOISTS WITH SPAN GREATER THAN 10'-0".
9. PROVIDE COLLAR TIES AT UPPER 1/3 OF RAFTER SPAN. DENSITY OF COLLAR TIES SHALL BE 1/2 OF RAFTER SPACING. DESIGN, BETWEEN RIDGE BOARD AND RAFTERS AT 4'-0" O.C. MAXIMUM.
10. HIP, VALLEY RAFTERS AND RIDGE BOARDS SHALL BE ONE 2" SIZE LARGER THAN RAFTERS.
11. ROOF SHEATHING SHALL BE ½" CDX PLYWOOD MINIMUM.
12. BRACE FOR UNBALANCED FLOOR & ROOF TRUSSES ARE NOTED ON ENGINEERED TRUSS PACKAGE. STAMP LOCAL TRUSS MANUFACTURER MUST PROVIDE.
13. ALL FRAMING TO BEAR SEAL OF REGISTERED ENGINEER IN STATE IN WHICH WORK IS TO BE PERFORMED.
14. ALL CEILING JOISTS AND RAFTER SPACING TO BEAR ON LOAD BEARING WALLS DESIGNED TO CARRY ROOF AND CEILING LOADS AND REMARKED AT LOAD SHALL ALL LEVELS AND REMARKED AT BASEMENT FLOOR AND BE SUPPORTED BY ENGINEERED GIRDER BEAM OR FOOTING DESIGNED TO CARRY SAME LOAD.
15. ALL BASEMENT WALLS, BEAMS, AND COLUMNS TO BE DESIGNED BY LOCAL STRUCTURAL ENGINEER AND APPROVED BY LOCAL CODES.
16. ALL FIRE WALL DIMENSIONS ARE BASED ON 2 x 4 STUDS UNLESS OTHERWISE NOTED.

1. ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE NATIONAL, STATE AND LOCAL CODES, REGULATIONS AND RULES & APPLY.
2. CONTRACTORS SHALL VERIFY ALL CONDITIONS AND DIMENSIONS AT SITE BEFORE BEGINNING CONSTRUCTION. ANY DISCREPANCIES SHALL BE REPORTED TO ARCHIVAL DESIGNS, INC. FOR CLARIFICATION AND ALL CORRECTIONS SHALL BE MADE BEFORE PROCEEDING WITH WORK. CONTRACTORS SHALL ASSUME RESPONSIBILITY FOR ERRORS THAT ARE NOT REPORTED.
3. DIMENSIONS SHALL BE READ OR CALCULATED AND NEVER SCALED.
4. ALL FOOTINGS TO BE BELOW FROST LINE (PER LOCAL CODES) AND MUST REST ON UNDISTURBED SOIL, CAPABLE OF HANDLING THE BUILDING. CONSULT LOCAL ENGINEER FOR PROPER FOOTING AND REINFORCING SPECIFICATIONS.
5. CONTRACTOR SHALL ENSURE COMPATIBILITY OF THE CONSTRUCTION DRAWINGS WITH ALL SITE REQUIREMENTS.
6. BUILDING WITH ALL SITE REQUIREMENTS.
7. IF MATERIAL CHECKED IF ACTIVITY ART FOUNDATION SHALL BE REINFORCED AS PER PLANS.
8. ALL FOUNDATION AND STRUCTURAL MEMBERS SHOULD BE VERIFIED AND SUBMITTED BY AN ENGINEER IN THE STATE WHERE CONSTRUCTION IS OCCURRING. FOR ANY VARIANCE IN LOCAL CODES, SOIL BEARING CONDITIONS, FROST LINE, GEOLOGICAL AND WEATHER CONDITIONS.
9. CONTRACTOR IS RESPONSIBLE FOR ADJUSTING AND CONFORM TO REASONABLE FIELD CONDITIONS AND CONSULTING ALL STRUCTURAL DETAILS AND COMPONENTS TO ENSURE ALL LOCAL CODES AND TO INSURE QUALITY & SAFE PRACTICE.
10. STRUCTURE.
11. ALL STEEL, CONCRETE, AND STEEL STRUCTURAL MEMBERS SHALL BE NEW, A GOOD GRADE AND QUALITY AND MEET ALL APPLICABLE STATE AND LOCAL BUILDING CODES WHERE APPLICABLE.
12. ALL FRAMING IN SOLID FRAMING SHOULD BE DESIGNED TO SUPPORT LOADS AND SHOULD EXTEND DOWN TILL THE LEVELS BEARING POINTS DESIGNED TO CARRY THE LOAD.
13. THIS DESIGN LICENSE IS RESERVED FOR ONE (1) BUILT STRUCTURE ONLY AND IS NOT TRANSFERABLE TO ANOTHER INDIVIDUAL OR COMPANY.
14. ARCHIVAL DESIGNS INC. IS THE SOLE OWNER OF THIS AND ANY DERIVATIVE DUPLICATION OF THIS COPYRIGHT PROTECTED PLAN.
15. ANY ARCHITECTURAL DESIGN ASSUMES ENGINEERED FLOOR SYSTEM IS NOT TO EXCEED 14" IN DEPTH. OVERALL FLOOR DEPTH TO STAIR DESIGN AND MODIFY RELATED FLOOR DEPTH TO STAIR DESIGN AND MODIFY ACCORDINGLY. NOTE: FLOOR SYSTEMS DEEPER THAN 14" CAN SIGNIFICANTLY IMPACT FLOOR PLAN DESIGN.
16. ALL PLUMBING PREPARED BY ARCHIVAL DESIGNS, INC. ARE DIAGRAMMATIC IN NATURE. STRUCTURAL DRAWINGS SHALL BE PREPARED BY A LOCAL ENGINEER FOR LOCAL CODES.

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THE REVERSED DESIGN FOR
CRANBERRY GARDENS
BY ARCHIVAL DESIGNS, INC.

REVISIONS

REV. NO.	REV. DATE/INITIALS
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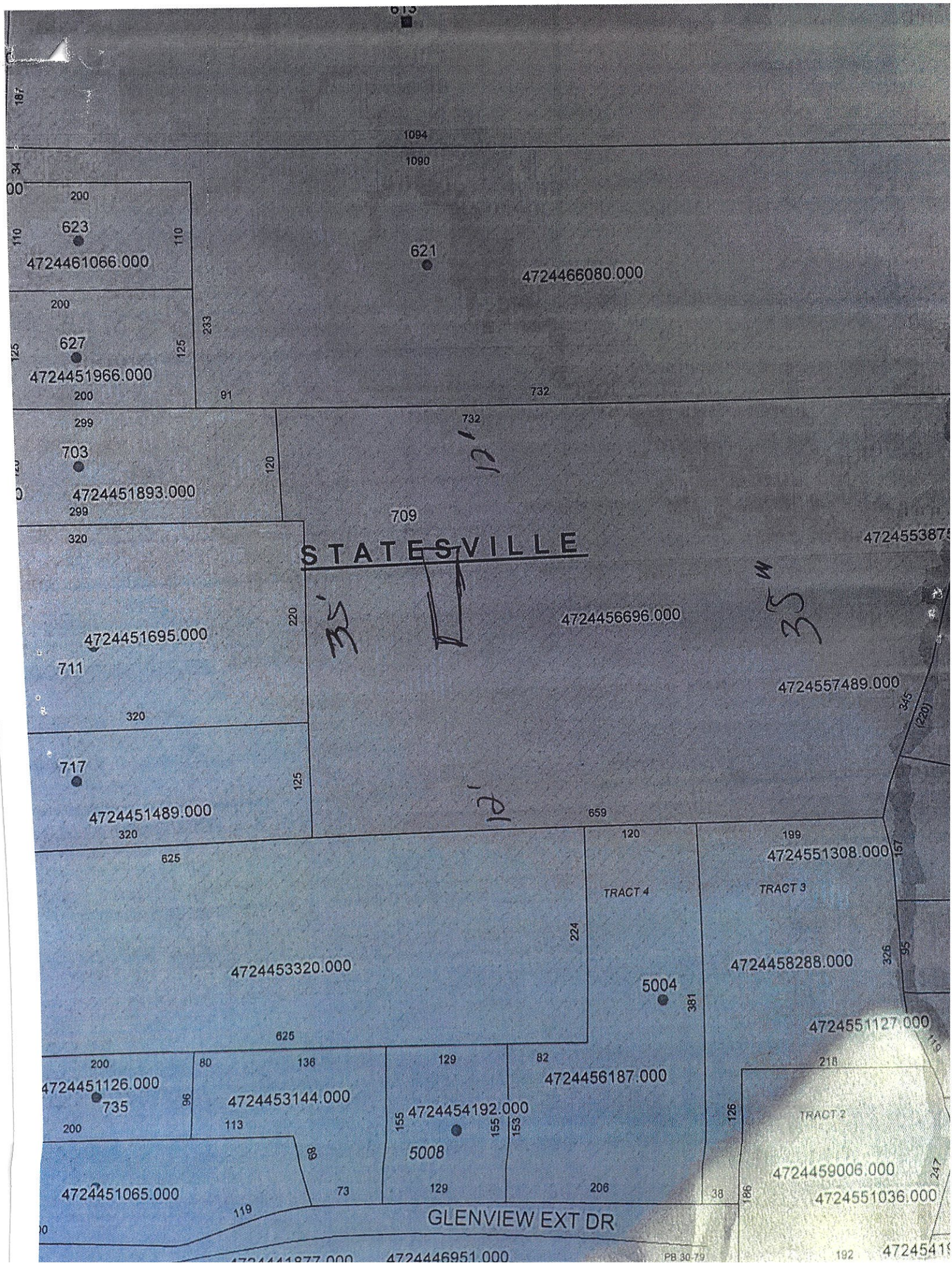
SQUARE FOOTAGE	
1st FL	1,405 SQ FT
2nd FL	824 SQ FT
TOTAL HEATED	1,795 SQ FT
OPT. BONUS ROOM	273 SQ FT
GARAGE	562 SQ FT
FR. COV. PORCH	257 SQ FT
REAR COV. PORCH	768 SQ FT
OPT. UNFIN. BSMT.	1,592 SQ FT

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621
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